

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

EMERGENCY CARE DATA RECORD

MANUAL ABSTRACT REPORTING FORM

For use with encounters on or after January 1, 2006

Page 1 of 3

Instructions: For a description of the data elements, refer to the appropriate section of the Patient Data Reporting Requirements
(Title 22, Sections 97251 through 97265)

A. FACILITY ID NUMBER

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B. ABSTRACT RECORD NUMBER (Optional)

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1. DATE OF BIRTH

Month		Day		Year (4-digit)			
M	M	D	D	C	C	Y	Y

2. SEX

F Female
M Male
U Unknown

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3. RACE

R1 American Indian or Alaska Native
R2 Asian
R3 Black or African American
R4 Native Hawaiian or Other Pacific Islander
R5 White
R9 Other Race
99 Unknown

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4. ETHNICITY

E1 Hispanic or Latino
E2 Non-Hispanic or Non-Latino
99 Unknown

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5. ZIP CODE

--	--	--	--	--	--

99999 = Unknown

6. PATIENT'S SOCIAL SECURITY NUMBER

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Report 000000001(Unknown) if not recorded in the patient's medical record

7. SERVICE DATE

Month		Day		Year (4-digit)			
M	M	D	D	C	C	Y	Y

15. EXPECTED SOURCE OF PAYMENT

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09 Self Pay
11 Other Non-federal programs
12 Preferred Provider Organization (PPO)
13 Point of Service (POS)
14 Exclusive Provider Organization (EPO)
16 Health Maintenance Organization (HMO) Medicare Risk
AM Automobile Medical
BL Blue Cross/Blue Shield
CH CHAMPUS (TRICARE)
CI Commercial Insurance Company
DS Disability
HM Health Maintenance Organization
MA Medicare Part A
MB Medicare Part B
MC Medicaid (Medi-Cal)
OF Other federal program
TV Title V
VA Veterans Affairs Plan
WC Workers' Compensation Health Claim
00 Other

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A. FACILITY ID NUMBER

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B. ABSTRACT RECORD NUMBER (Optional)

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1. DATE OF BIRTH (MMDDCCYY)

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7. SERVICE DATE (MMDDCCYY)

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14. DISPOSITION OF PATIENT

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- 01 Discharged to home or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 Discharged/transferred to an intermediate care facility (ICF)
- 05 Discharged/transferred to another type of institution not defined elsewhere in this code list
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 20 Expired
- 43 Discharged/transferred to a federal health care facility
- 50 Discharged home with hospice care
- 51 Discharged to a medical facility with hospice care
- 61 Discharged/transferred to a hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part unit of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid (Medi-Cal), but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 00 Other

8. PRINCIPAL DIAGNOSIS

ICD-9-CM CODE

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9. OTHER DIAGNOSIS

ICD-9-CM CODE

a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					

i.					
j.					
k.					
l.					
m.					
n.					
o.					
p.					

q.					
r.					
s.					
t.					
u.					
v.					
w.					
x.					

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A. FACILITY ID NUMBER

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B. ABSTRACT RECORD NUMBER (Optional)

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1. DATE OF BIRTH (MMDDCCYY)

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7. SERVICE DATE (MMDDCCYY)

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10. PRINCIPAL E-CODE

ICD-9-CM CODE

E																			
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11. OTHER E-CODES

ICD-9-CM CODE

a.	E																		
b.	E																		
c.	E																		
d.	E																		

12. PRINCIPAL PROCEDURE

CPT-4 CODE

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13. OTHER PROCEDURES

CPT-4 CODE

a.																			
b.																			
c.																			
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